

Hospital Letterhead

Hospital ABN 2.

Date of Notice

Name of Patient

Admission Date

Address

Health Insurance Claim (HIC) Number

City, State, Zip Code

Attending Physician's Name

YOUR IMMEDIATE ATTENTION IS REQUIRED

Dear _____: *(Insert the name of the addressee.)*

This notice is to inform you that we have reviewed the medical services you have received for *(specify services or condition)* from *(date of admission)* through *(date of last day reviewed)*. Your attending physician has been advised and has concurred that beginning *(specify date of first noncovered day)* further *(specify services to be furnished or condition to be treated)* *(specify is/are medically unnecessary)* or *(could be furnished safely in another setting)*. This determination was based upon our understanding and interpretation of available Medicare coverage policies and guidelines.

You are financially liable for all costs for the care you receive, except for those services for which you are eligible under Part B beginning on *(specify date)*.^{1/} If you leave on *(specify date)*^{1/}, you will not be liable for costs for care except for payment of deductible, coinsurance, or any convenience services or items normally not covered by Medicare. You should discuss other arrangements with your attending physician for any further health care you may require. However, this notice is not an official Medicare determination. The *(name of QIO)* is the Quality Improvement Organization (QIO) authorized by the Medicare program to review inpatient hospital services provided to Medicare patients in the State of *(name of State)*, and to make that determination.

- **If you disagree with our conclusion:**

Request immediately, **by noon of the first working day** after receipt of this notice, an **immediate review by telephone, or in writing**. You may make this request through us or directly to the QIO at the address listed below.

The QIO will request your views about your case and respond to you within one working day of receipt of your request and your medical records (sent by the hospital).

- **If you do not request review by noon of the first working day after receipt of this notice:**

You may still request QIO review at any point during your stay or within 30 days after you receive this notice, whichever is longer. Request this QIO review at the address listed below.

- **QIO Review Results:**

The QIO will send you a formal determination of the medical necessity and appropriateness of your hospitalization, and will inform you of your reconsideration rights.

IF THE QIO DISAGREES WITH THE HOSPITAL (i.e., it determines that your care is covered by Medicare), you will be refunded any amount collected by the hospital except for any applicable amounts for deductible, coinsurance, and convenience services or items normally not covered by Medicare.

IF THE QIO AGREES WITH THE HOSPITAL:

You are responsible for payment for all services beginning on *(specify date)*1/ unless you have requested an immediate review.

If you request an immediate review (i.e., you make your request for review by noon of the first working day after receipt of this notice), you will not be responsible for payment until noon of the next day after you receive the QIO's notification.

- **QIO Address:**

(QIO Name)

(Address)

(Telephone Number)

Sincerely,

(Title, e.g., Chairperson of Utilization Review Committee,
Medical Staff, etc.)

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

This is to acknowledge that I received this notice of noncoverage of services from

Name of Hospital

at Time on Date. I understand that my signature below does not indicate that I agree with the notice, only that I have received a copy of the notice.

Signature of patient or authorized representative

Time

Date _____

cc: QIO

Attending Physician

October 2003 - Form CMS-10092-B.

1/ For PPS hospitals and short term/acute care hospitals in waived States, insert: the date of the third day following the date of receipt of the hospital notice.

For specialty hospitals and PPS exempt units, insert: the date of the day following the date of receipt of the notice.